M	ISSO	JRI	DI	VIS	ION OF HEALTH - ST				F DEATH		=62-0	33()17
DEPA DO NOT WRITE	RTMEN	T 0F	PVE	LIC R	egistration District No318	Primary Re	gistration Distr	1003	Registrar's No.	7963	STATE F	ILE NUMB	ER
ON THIS STUB	AM	ENDED		_	FILED AUG 22 198)							
VS 300	ie I		1	1	. PLACE OF DEATH a. COUNTY				2. USUAL RESIDEN a. STATE Miss		ed lived. If institu		sidence before admission)
Rev. 4/59	<u>⊋</u>				b. CITY (If outside corporate limits, gi	ve TOWNSHIP or	aly) Len	th of stay in 1b	c. CITY				Inside Limits
	AMENDED				TOWN St. Louis		4	0 yrs		fton			Yesy No 🗆
<u> </u>	L <u></u>				c. FULL NAME OF (If NOT in hospital, HOSPITAL OR	give location)		Inside Limits	d. STREET ADDRESS	(if o	stside, give location) R	Reside on Farm
Fore 3	2/8/			_	institution Lutheran I	Iospital		Yes 🗆 No 🗆	9]	59 Overt	on Drive		Yes 🗆 No 🙀
3	~		7	_3	. NAME OF DECEASED Fire	†	Middl	e .	Last	4. DATE	Month	Day	Year
	11				(Type or print)	AHT	ANN	ntu un	ENDT	OF DEATH A11	gust 15. 1	062	
4 1	11				SEX 6. COLOR OR			Never Married []	8. DATE OF BIRTH		thday) IF UNDER I		IF UNDER 24 HE
5 2				3	female white		warried ☐ I	Divorced [7/5/1879	83	Months		Hours Min.
	11			10	a. USUAL OCCUPATION (Give kind of w	ork done 10b. I	CIND OF BUSIN	VESS OR INDUSTRY	11. BIRTHPLACE (C	ity and state or co	ountry) 12. CITIZE	N OF WI	AT COUNTRY
6	٤١]])]		during most of working life, even if re housewife	atired)	•	t home	Cana Gine	endoni Me	i seouni	nca	
7 0	[[13	a. FATHER'S NAME		13b. MOTHE	t home R's maiden name	i cape dire	14 NA	issouri Me of Husband Or	<u>USA</u>	·
<u> </u>	3]]				Terfield Besel		Kath	erine Ber		1	ar J. Wend		
I R _ I				15	. WAS DECEASED EVER IN U.S. ARMED	FORCES?			17. INFORMANT	1 050.	Address		
	₹	1 1			es, no, or unknown) (If yes, give war or				Mrs. Cleve	Chempion	a. 9159 Ave	ert.or	Drive
l	보	!			18. CALISE OF DEATH (Enter only one	cause per tine			111 01 010.	, cap.20.	29 7277 01		EVAL BETWEEN
l 10 l	<	1 .	꿆		18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular thrombons.						ONSE	ET AND DEATH	
l - 1/	중 등	1 [CUMEN		IMMEDIATE	CAUSE (a)	erelle	overcula	Musan	wans		<u> </u>	dans
11			덚										7
12/05-0	HIS REC		8			DUE TO (b)							
1405-0	의탈				which gave rise to above cause (a),					2201			
13	⋾╞╧┼		-		stating the under-	DUE TO (c)				3324			
	<u> </u>			z	PART II. OTHER SIGNIE	ICANT CONDITI	IONS CONTRI	BUTING TO DEATH	H but not related to	the terminal	PART III. If dece	ased wa	s female wa
1 6 <i>5</i> 13	اام			읦	disease condition given in PART I (a) there a p								in last 90 day:
	Ë			2	W						☐ Yes	₽ No	Unknow
	AMENDMENIS			CERTIFICATION	19. WAS AUTOPSY 20. ACCIDENT PERFORMED? YES NO Z	SUICIDE HO	OMICIDE 2	20Ь. DESCRIBE HOV	W INJURY OCCURRED.	(Enter nature of i	njury in PART I or P	ART II of	item 18.)
_ [<u> </u>			₹	20c. TIME OF Hour Month, Day,	Year							
C INK RIBBON	₹			WEDICAL	INJURY a.m.								
BLACK INK OR RITER RIBBC				`	20d. INJURY OCCURRED 20 WHILE AT WORK NOT WHILE AT WORK	e. PLACE OF IN. farm, factory,	JURY (e.g., in street, office b	or about home, 2 oldg., etc.)	of. CITY, TOWN, OR	LOCATION	COUNTY		STATE
Ž~~			1		NOT WHILE AT WORK							4	
_ ਤੁਰੂ⊭	READ				21. I attended the deceased from	me -	<u>3 1962</u>	, to_ <i>Cliff</i>	WW 15 and	last saw her alive	on Ull	(5-1)	962
	١٥			i	Death occurred at 2: 45	A.M		m on the	e date stated above, a	nd to the best of a	ny knowledge, from	the causi	es stated.
USE	ΙŽΙ		<u> </u>	ľ	22a. SIGNATURE	(Degree or	title)		22b. ADDRESS				2c. DATE SIGNE
, P	понѕ		0	Į	Lanun	baum -	Mu)	1	3701 Grean	udel Sa	_	8	P-15-62
-				72	() · · · · · · · · · · · · · · · · · ·		3c. NAME OF (EMETERY OR CRE	• • •		ty, town, or county)	, _	(State)
	<u>o</u>		AFFIDA	43	a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) 8/17/6			deemer Ce			County, A		
	TEM NO.		발	-24	FUNERAL DIRECTOR	ADDRESS	Jul 116	25. DAT	E_RECD. BY LOCAL RE	G. 26 REGISTA	AR'S SEGNATURE	17000	MT T
	臣		<u>≽</u>		TDERWIEDEN F.H.INC	1936 St.1	Louis 4	ve AU	G 15 1962	Man!	Swith	M	17

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed Domer M. Dritz
Student	Signed / Tomes / Oruz
Signature of Student Embalmer	Licensed Embalmer No. 3882
	P. O. Address Trus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.